

LC

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the envelope, or on the front if space permits.</li> </ul>		<p><b>RECEIVED</b> JUN 5 2008 COD GMA - CHICAGO</p> <p><b>RECEIVED</b> MAY 30 2008 Office Of The Attorney General Chicago</p>	
<p>1. Article Addressed to:</p> <p>Chief of Criminal Appeals Attorney General's Office 100 West Randolph Chicago, IL 60601</p> <p>08-3052</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <b>X</b></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <b>RECEIVED</b> MAY 30 2008</p> <p>D. Is delivery restricted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7006 0100 0001 7313 4368</p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

10299-02-M-1840

08-3052

FILED

JUN 10 2008 PH  
6-10-2008MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4 in this box \*

Clerk's Office  
United States District Court  
219 S. Dearborn 20th Fl.  
Chicago, IL 60601

RECEIVED  
JUN 09 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT